

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.A.		9/31/00
O.I.P.E. CLASSIFIER		45	8/31/00
FORMALITY REVIEW	H.S.	50866	10-17-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	9/24/00	
2	✓	9/24/00	
3	✓	9/24/00	
4	✓	9/24/00	
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If more than 150 claims or 10 actions  
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